ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
Ø yes □no
Ms.  Mr. Artist ROBERT MORROW
(Last Name Last
Permanent Address 141 CRAIN AVE. KENT
Street
44240 Tel. (210 673-7815
Zip Area Code
Temporary or Studio Address ABOVE
Street City
Tel. ( )
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator
(If Any)
If May Show entries are not accepted or not sold:  Artist will pick up at Museum.
Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.
Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

It is also understood that accepted objects will remain on

exhibition until June 7, 1981.

Signature Cobluthonow